

PERIODIC REVIEW OF MANAGEMENT INFORMATION REQUIREMENTS - PREPARING AGENCY RESPONSE AND RECOMMENDATIONS For use of this form, see AR 335-15; the proponent agency is OACSIM.					REQUIREMENT CONTROL SYMBOL CSIM-15				
The purpose of this form is to identify defects of management information requirements, to get constructive suggestions for improving them, and to estimate requirement workload and costs. Comments and recommendations can be of great value in this effort.					1. SCHEDULED REVIEW (YYMM)				
2. RCS AND TITLE									
3. THRU (Forwarding Command MICO) (Include Zip Code)				4. TO (MICO with jurisdiction) (Include Zip Code)			5. FROM (Preparing agency) (Include Zip Code)		
SECTION A - ESTIMATED WORKLOAD AND COST									
6. TYPE OF PREPARING OR CONSOLIDATING ORGANIZATION OR UNIT (Specify organizational level) a.	NUMBER OF UNITS OF EACH TYPE b.	SUB-MISSIONS PER YEAR c.	MAN-HOURS PER YEAR d.	COST PER YEAR					
				PERSONNEL e.	ADP f.	MATERIAL g.	OTHER h.	OVERHEAD i.	
NOTE: Included only those manhours and costs that would be eliminated if data request were rescinded.				J. TOTAL COST (e + f + g + h + i)					
SECTION B - PROBLEMS, COMMENTS, RECOMMENDATIONS									
7. IDENTIFY INCOMPLETE, UNCLEAR, COMPLEX, AWKWARD, OR DIFFICULT PROCEDURES, FORMS, INSTRUCTIONS, OR DEFINITIONS; EXCESSIVE WORKLOAD, PEAKING OF WORK OR OVERTIME (Use additional sheets if required)									
SECTION C - DUPLICATE DATA REQUESTS									
8. IDENTIFY BY RCS ANY OTHER DATA REQUESTS THAT WHOLLY OR PARTIALLY DUPLICATE OR OVERLAP THIS REQUIREMENT AND SPECIFY ITEMS OF DUPLICATION									
9. NAME AND SIGNATURE OF INDIVIDUAL COMPLETING SECTIONS A THROUGH C				b. TITLE		c. TELEPHONE NUMBER		d. DATE (YYMMDD)	

SECTION D - FORWARDING COMMAND MICO COMMENTS AND RECOMMENDATIONS

9a. THIS IS A CONSOLIDATED MACOM REVIEW OF PREPARING AGENCY WORKLOAD AND COSTS

☐ YES☐ NO

b. COMMENTS AND RECOMMENDATIONS.

c. NAME AND SIGNATURE OF COMMAND MICO

d. TITLE

e. TELEPHONE
NUMBERf. DATE
(YYMMDD)**SECTION E - MICO WITH JURISDICTION COMMENTS**

10. SIGNIFICANT RESULTS AND COMMENTS PROVIDED TO THE REVIEWING AGENCY

a. NAME AND SIGNATURE OF MICO

b. TITLE

c. TELEPHONE
NUMBERd. DATE
(YYMMDD)